

**VIRGINIA PREVENTION EVALUATION SYSTEM**  
**❖ Aggregate Program Report Form (HE/RR and Outreach) ❖**  
**Table AG - PEMS-Version 2.0**

AG00. Intervention Code & Name:

**Please complete this sheet for each session of an aggregate HE/RR (one for which client-level data is not being collected).**

**AG01.** This is session number: \_\_\_\_\_

**AG02.** Date of session: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon/Day/ Year

**AG03.** Length of session: \_\_\_\_\_ minutes

**AG04.** Total number of clients/contacts reached in this session: \_\_\_\_\_

**AG05a.** Delivery Method for this session: (Choose all that apply)

- ☐ In person
- ☐ Internet
- ☐ Printed Materials – magazines, newspapers
- ☐ Printed Materials – pamphlets, brochures
- ☐ Printed Materials – posters, billboards
- ☐ Radio
- ☐ Telephone
- ☐ Television
- ☐ Video
- ☐ Other, specify \_\_\_\_\_

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<b>AG05b.</b> Activities or components of the intervention that occurred today ( <b>check all</b> that apply)	
<input type="checkbox"/> Referral  <b>Information</b> <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other <b>Demonstration</b> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other <b>Practice</b> <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other	<b>Discussion</b> <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other <b>Other testing</b> <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis <b>Distribution</b> <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other <b>Other</b> <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> Other (specify) _____

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For each of the following sections, please indicate the proportion of the total number of clients who are in each of the following categories.

<b>PRIMARY RISK:</b>	
AG08a. MSM	%
AG08b. IDU	%
AG08c. MSM/IDU	%
AG08d. Sex with transgender	%
AG08e. Heterosexual contact	%
AG08f. Other/Risk not identified	%
<b>Total should equal</b>	<b>100%</b>
<b>CLIENT GENDER:</b>	
AG09a. Male	%
AG09b. Female	%
AG09c. Transgender - MTF	%
AG09d. Transgender - FTM	%
<b>Total should equal</b>	<b>100%</b>
<b>CLIENT ETHNICITY:</b>	
AG10a. Hispanic or Latino	%
AG10b. Not Hispanic or Latino	%
<b>Total should equal</b>	<b>100%</b>
<b>CLIENT RACE:</b>	
AG11a. American Indian or Alaska Native	%
AG11b. Asian	%
AG11c. African-American/Black	%
AG11d. Native Hawaiian or Pacific Islander	%
AG11e. White	%
<b>Total should equal</b>	<b>100%</b>
<b>CLIENT AGE:</b>	
AG12a. Under 13 years	%
AG12b. 13-18 years	%
AG12c. 19-24 years	%
AG12d. 25-34 years	%
AG12e. 35-44 years	%
AG12f. 45 years and over	%
<b>Total should equal</b>	<b>100%</b>
<b>CLIENT HIV Status:</b>	
AG13a. Positive	%
AG13b. Negative	%
AG13c. Unknown	%
<b>Total should equal</b>	<b>100%</b>

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AG14. Materials Distributed:

\_\_\_\_\_ Male Condoms (AG14a)  
\_\_\_\_\_ Female Condoms (AG14b)  
\_\_\_\_\_ Bleach or safe injection kits (AG14c)  
\_\_\_\_\_ Educational Materials (AG14d)  
\_\_\_\_\_ Safe Sex Kits (AG14e)  
\_\_\_\_\_ Referral Lists (AG14f)  
\_\_\_\_\_ Role Model Stories (AG14g)  
\_\_\_\_\_ Other, specify (AG14h) \_\_\_\_\_